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20995 7590 01/09/2004

KNOBBE MARTENS OLSON & BEAR LLP
 2040 MAIN STREET
 FOURTEENTH FLOOR
 IRVINE, CA 92614



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Nancy W. Vensko, Reg. #36,298 (Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/976,667	10/10/2001	Carl Merril	NIH151.001C1	1396

TITLE OF INVENTION: HIGH SENSITIVITY PHAGE DISPLAY BIOMOLECULE DETECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WHISENANT, ETHAN C	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Knobbe, Martens,
2. Olson & Bear LLP
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Government of the United States of America, as represented
 by the Secretary, Department of Health and Human Services

Washington, D.C.

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☒ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by _____ to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

Nancy W. Vensko, Reg. #36,298

(Authorized Signature)

(Date)

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01 FC:1504
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TRANSMIT THIS FORM WITH FEE(S)



PATENT

Case Docket No. NIH151.001C1

Date: April 8, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Carl Merrill
Appl. No. : 09/976,667
Filed : October 10, 2001
For : HIGH SENSITIVITY PHAGE
DISPLAY BIOMOLECULE
DETECTION
Group Art Unit : 1634
Class/Sub-Class : 435/006000
Examiner : Whisenant, Ethan C.

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

April 8, 2004

(Date)

Nancy W. Vensko, Reg. No. 36,298

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$1660 to cover the issue fee, publication fee, and advanced order of copies is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

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